

DD/S-57-2598

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20 August 1957

MEMORANDUM FOR THE RECORD

SUBJECT: Distribution of Administrative Plans

1. A review of the present Administrative Plan distribution pattern reveals the need for a drastic reduction in the number of offices which receive copies of Administrative Plans.

2. In the future, only those offices having a functional responsibility to the project involved will receive a copy of the Administrative Plan. The future distribution pattern for all Administrative Plans will be as follows:

Original (Copy #1) -	To Finance Division thru Budget Division
2 Copies (Copies #2 & #3) -	DD/P Senior Staff concerned (one copy to be sent to Vital Documents)
3 Copies (Copies #4, #5, & #6 -	DD/P Operating Division or Staff responsible for the project
1 Copy (Copy #7) -	<div data-bbox="906 1381 1218 1423" style="border: 1px solid black; width: 192px; height: 20px;"></div>

25X11A

(Note: The two copies remaining with the Senior Staff, and one of the three copies for the Operating Division or Staff, will be incorporated with the Project Outline in the three official project folders.)

3. Other Agency offices having legitimate occasional requirements to refer to Administrative Plans may have access to a copy of the Plan from any one of the offices listed in paragraph 2 above.

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4. In those instances where the project involved is to be administered by a Field Station or Base, the Operating Division or Staff responsible for the project will forward a [redacted] version of the Administrative Plan to the Station or Base concerned.

25X1

19 Aug 57
Date

25X1

[redacted]
Deputy Director (Plans)

20 Aug 57
Date

25X1

[redacted]
Deputy Director (Support)

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ATTACHMENT 1

SUPPORT SUMMARY		PROJECT CRYPTONYM	
(May not exceed Secret classification.)		FISCAL PERIOD COVERED	
RESPONSIBLE STAFF OR DIVISION		19__ THRU 30 JUNE 19__	
POINT OF CONTROL: (HQ. OR NAME OF FIELD STATION)			
A. PERSONNEL REQUIREMENTS			
Indicate number and type of personnel required and estimated total compensation for salary, allowances, travel and related employee benefits. Include everyone paid from project. Attach Personnel Annex if new Project T/O or T/O adjustment involved.			
		Estimated Compensation	
		Base Salary	All Other
Total A.			
B. ^{SPACE} SUPPLIES, MATERIEL AND EQUIPMENT			
Indicate amount required in applicable spaces. Attach Logistics Annex if appropriate.			
Commo			
\$			
Medical			
\$			
Total B.			
25X1			
C. OTHER OPERATIONAL EXPENSES			
Indicate nature and estimated amount of expenses.			
Travel	25X1	Estimated Amount	
Entertainment			
Other			
25X1			
Total C.			
Total D.			
TOTAL FUND REQUIREMENTS (A + B + C + D) \$			

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E. FUNDING REQUIREMENTS

Types of currencies and number of units per month:

(Currency)	(Amount)	(Currency)	(Amount)
(Currency)	(Amount)	(Currency)	(Amount)

Proposed Funding Plan (How and Where Will Payment or Advance to Project Be Made):

25X1

F. ACCOUNTING ARRANGEMENT

(To be completed for direct projects only.)

25X1

Describe type of accounting to be obtained and any special procedures or instructions regarding the submission and/or recording of those accountings:

G. ANNEX REQUIREMENTS

The following support annexes are required and are attached: (Check if applicable.)

Communications Annex	_____
Fiscal Annex or Administrative Plan as appropriate	_____
Logistics Annex	_____
Personnel Annex	_____
Other	_____

Division or Staff Chief of Support

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ATTACHMENT 2

FISCAL ANNEX

PROJECT _____

1. PURPOSE AND FACILITY: (Furnish a brief, sterile statement of the nature and purpose of the Project and facility to be utilized. Include brief description of the Agency's relationship with the facility, indicating the degree of control which the Agency can exercise over the facility in its use of and accounting for funds.)
2. FUNDING: (Furnish the basis for advances to the Project, the mechanisms to be utilized in introducing funds into the Project entity, and whether the Project will be funded by Headquarters or a specified Field Station. Any special or unusual requirements for foreign currencies should be set forth in this section.)
3. ACCOUNTING AND WRITE-OFF: (Define the accounting requirements applicable to the Project, and prescribe the documentation required to permit certification and write-off by the authorized Certifying Officer.)

Staff or Division Chief of Support

CONCUR:

Chief or Deputy Chief, Finance Division

APPROVE:

Special Support Assistant to the DD/S

ATTACHMENT 3

COMMUNICATIONS ANNEX	PROJECT CRYPTONYM
	FISCAL PERIOD COVERED:
	<div>19__ THRU 30 JUNE 19__</div> <div>19__ THRU 30 JUNE 19__</div>
RESPONSIBLE STAFF OR DIVISION	POINT OF CONTROL: (HQ. OR NAME OF FIELD STATION)
<p>(FORMAT AND CONTENT OF COMMUNICATIONS ANNEX WILL BE DETERMINED, AND ANNEX WILL BE PREPARED, BY OFFICE OF COMMUNICATIONS.)</p>	

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ATTACHMENT 4

LOGISTICS ANNEX		PROJECT CRYPTONYM	
		FISCAL PERIOD COVERED:	
		19__ THRU 30 JUNE 19__ 19__ THRU 30 JUNE 19__	
RESPONSIBLE STAFF OR DIVISION		POINT OF CONTROL: (HQ. OR NAME OF FIELD STATION) 25X1	
1. TYPE OF PROJECT: <input checked="" type="checkbox"/> Regular		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 50px; margin-right: 5px;"></div> <div style="text-align: center;">FI</div> <div style="margin-left: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>	
2. STATUS: <input type="checkbox"/> Developmental <input type="checkbox"/> New <input type="checkbox"/> Continuing			
3. EXTENT OF PRESENT MATERIEL ASSETS:			
4. REAL ESTATE REQUIREMENTS:		Type	Quantity
		Quarters	
		Office	
		Operational	
		Storage	
		25X1	
5. SOURCE OF MATERIEL SUPPORT: ___% Headquarters ___% Field			
		<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: center;">Local Procurement</div>	
6. MATERIAL REQUIREMENTS: (Attach line item listing for all large volume requirements or long-lead-time non-stock items.) 25X1		Type	Estimated Cost
		Admin. Supplies & Equipment	
		Vehicles (See TVA attached)	
		Communications (See Commo Annex)	
		TSS	
		Medical	
		Security	
		Other	

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7. PROPERTY ACCOUNTABILITY: ☐ Headquarters Controlled
☐ Field Controlled under (Station No.)

8. SPECIAL DELEGATIONS OF AUTHORITY: ☐ Not Required
☐ Required (See attached.)

9. TRANSPORTATION CHANNEL: ☐ Normal
☐ Special (See attached.)

25X1C

10. SECURITY CONCEPT:

Staff or Area Division Logistics Officer

Staff or Area Division Chief of Support

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